## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNHAL DEDODT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

|  | 1997                                  |  | Secretary of State DIVISION OF CORPORA                            |                     | TIONS             |  | Secretar  | Secretary of State              |                                       |  |
|--|---------------------------------------|--|---|---------------------|-------------------|--|---|---------------------------------|---------------------------------------|--|
| 1, Corporation   | MENT #<br>n Name<br>N MORE, INC       | H62193   | (8)   |                     | ;                 |  | T<br>   | 11811 81811 81814 <b>8</b> 1411 | 116i) 418i) 188i                      |  |
| Principal Place of Business 1383 LYONS ROAD COCONUT CREEK FL 33063 |                                       |  | Mailing Address<br>1383 LYONS ROAD<br>COCONUT CREEK FL 33063-3908 |                     |                   |  |   |                                 |                                       |  |
|  |                                       |  |   |                     |                   |  | 3. Date Incorporated or Qualified 06/17/1985  | 3a. Date of La<br>07/09/199     |                                       |  |
| 2. Principal Place of Business<br>21                               |                                       |  | 2a, Mailing Address<br>26   |                     |                   |  | 4, FEI Number<br>59-2540092   |                                 | Applied For<br>Not Applicable         |  |
| Suite Apt  | # oto                                 | e e e e e e e e e e e e e e e e e e e  | Suite, Apt. #, etc.   |                     |                   |  | 5. Certificate of Status Desired  |                                 | 75 Additional<br>e Required           |  |
| City & State   | e                                     |  | City & State  |                     |                   | 6. Election Campaign Financing Trust Fund Contribution |   |                                 |                                       |  |
| Zip<br>24  | 25                                    | ountry   | Z <sub>i</sub> p  | p Country           |                   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No        |                                 |                                       |  |
| 24   |                                       | Address of Current R   |   | 1301                |                   |  | 10. Name and Address of New Reg   |                                 |                                       |  |
| HEN  | IANN, DEE                             |  |   | 1                   | 1 Nam             | e  |   |                                 |                                       |  |
| 1383 LYONS CT  |                                       |  |   | 1                   | 32 Stree          | t Addre  | ss (P.O. Box Number is Not Acceptable   | le)                             |                                       |  |
| COCONUT CREEK FL 33063   |                                       |  |   |                     | 83                |  |   |                                 |                                       |  |
|  |                                       |  |   | \-<br> -            | 34 City           |  |   | 85                              | Zip Code                              |  |
| SIGNATURE.   |                                       | f Sections 607,0502 at<br>r both, in the State of f<br>d accept the obligation<br>of name of registered agent an |   |                     |                   |  | oration submits this statement for the proof is board of directors. I have by accept when reinstating | urpose of changi                | ng its registered<br>it as registered |  |
| 12.  | S D rating abbect of bring            | OFFICERS AND D   | —   | 13.                 | -dant adult       | JI O I OLION D   | ADDITIONS/CHANGES TO OFFIC  |                                 | TORS IN 12                            |  |
| HEF  | P                                     |  | DELETE  | 1.1 TITL            | E                 | 1  |   | [ ] Cha                         |                                       |  |
| NAME   | HENANN, PHII                          |  |   | 1.2 NAN             | RE                |  |   |                                 |                                       |  |
| SUREET ACORESS   | 1383 LYONS I                          |  |   | 1.3 STR             | eet addres        | s  |   |                                 |                                       |  |
| CITY SE-ZIP  | COCONUT CR                            | EER FL   | C DESERTE   |                     | -ST-ZIP           | <del>- ,</del>   | 10 c 5 · N= 455   | Cha                             | nge Addition                          |  |
| DOLE  <br>  NAMI   | HENANN, DEE                           | :  | DELETE  | 2 1 TITL<br>2.2 NAM |                   |  | PESIDENT<br>DEE HENANN  | EN CHA                          | inge LT Adomon                        |  |
| STREET ADDRESS   | 1383 LYONS I                          |  |   |                     | EET ADOR          | • I  |   |                                 |                                       |  |
| CHY+SI+ZIP   | COCONUT CR                            |  |   |                     | Y-ST-ZIP          | $\overline{}$  | - SAMESAS PREVIOU   | 3                               |                                       |  |
| TIFLE  |                                       |  | DELETE  | 3.1 TITE            | E                 | T  |   | Cha                             | nge 🔲 Addition                        |  |
| NAME   |                                       |  |   | 3.2 NAN             | AE .              |  |   |                                 | ļ                                     |  |
| STREET ADDRESS   |                                       |  |   | 3.3 STR             | eet addres        | s  |   |                                 |                                       |  |
| C:17 - 51 - 71P  | · · · · · · · · · · · · · · · · · · · |  | DELETE  | *****               | Y-ST-ZIP          |  |   | [] Cha                          | npe 🔲 Addition                        |  |
| TITLE<br>NAME  |                                       |  | LI VELETE   | 4.1 TITL<br>4.2 NAI |                   | 1  |   |                                 | IDS C NOUIDDIN                        |  |
| STREET ACORESS   |                                       |  |   |                     | vic<br>Eet addres |  |   |                                 |                                       |  |
| CITY-ST-ZIP  |                                       |  |   |                     | r-ST-ZIP          | 1  |   |                                 | Í                                     |  |
| TITLE  |                                       |  | ☐ DELETE  | 5.1 TITL            |                   |  | <u> </u>  | [] Cha                          | nge Addition                          |  |
| NAME   |                                       |  |   | 5.2 NAM             | ME                |  |   |                                 |                                       |  |
| STREET ADORESS   |                                       |  |   | 5.3 STR             | eet addres        | s  |   |                                 |                                       |  |
| CITY-ST ZiF  |                                       |  | T Secret  |                     | -ST-ZIP           |  | ,   | 772                             |                                       |  |
| TITLE  |                                       |  | DELETE  | 61 TITL             |                   |  |   | [] Cha                          | nge L. Addition l                     |  |
| NAME   |                                       | r  |   | 62 NAM              |                   |  |   |                                 |                                       |  |
| STREET ACHDRESS  |                                       |  |   | 63 STR              | EET ADDRES        | S  |   |                                 |                                       |  |

14. I do hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this affinal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this dopporation or fue receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 o changed, or on an attachment with an address.

**SIGNATURE:** 

HENANN

954-979 0060

**FILED** 

Apr 25 1997 8:00am